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Becoming a psychotherapist :: influences on career choice and implications for practice.

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BECOMING A PSYCHOTHERAPIST: INFLUENCES ON CAREER CHOICE AND IMPLICATIONS FOR PRACTICE

A Thesis Presented

by

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ABSTRACT

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Questionnaires were sent to 125 psychotherapists and 125 social psychologists, who served as a comparison group, to assess influences on career choice and the relationship of these influences to professional functioning. Usable responses were received from 109 respondents, 56 therapists and 53 social psychologists. The results indicated that, relative to social psychologists, therapists' career choices were influenced more by four factors: (1) motivations for vocational achievement, (2) motivations for the resolution of personal problems, (3) experiences of personal problems, and (4) experiences of disturbances in one's family of origin. Despite a history of psychological distress, both therapists and social psychologists reported that the primary influence on their choice of career was beneficial to their professional functioning. In coping with problematic career influences, therapists were more likely than social psychologists to rely on personal therapy and professional development.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

The decision to undertake the arduous task of becoming a psychotherapist is, no doubt, overdetermined (Skovholt & Ronnestad, 1992). Individuals may be attracted to the field of psychotherapy because of certain aspects of the professional role of the therapist as well as by personal reasons (Guy, 1987). For example, a person might decide to become a therapist because of the potential for financial success and autonomy. Examples of personal reasons are a desire to help or understand others and a wish for mastery of situations involving interpersonal intimacy. The desire to help others is congruent with effective clinical practice. The mastery wish, however, may be in conflict with effective practice if it is not adequately resolved by the therapist. Experiences within the therapist's family of origin may also influence his or her career choice. Individuals who have had the experience of being an emotional confidant to other family members may be attracted to the practice of psychotherapy due to its similarity to their childhood experience. The presence of significant role models during childhood may also influence the choice of a career as a psychotherapist.

The therapist is a catalyst for therapeutic change. Increasingly, the therapist "as a person" is being

recognized as a major variable in the psychotherapeutic process (Beutler, Crago, & Arizmendi, 1986; Crits-Cristoph et al., 1991; Halgin & McEntee, 1993; Norcross & Guy, 1989). The therapist's individual personality is often the primary guide in his or her selection of theoretical orientation and therapeutic techniques (Halgin, 1989; McConnaughy, 1987). According to Halgin, this blending of client needs and therapist personality is the basis of a strong therapeutic alliance. As the primary agent of change, the therapist has the potential to greatly enhance or detract from therapeutic outcome. Research indicates that stressors in the therapist's current life can negatively affect the practice of therapy (Deutsch, 1985; Guy, Poelstra, & Stark, 1989). As is the case with a therapist's personality and the events in his or her life, a therapist's reasons for entering this profession will affect the practice of psychotherapy in either a positive or a negative fashion. Prior to the current research, the relationship between factors motivating career choice and actual professional functioning have not been investigated.

Influences on Career Choice

Therapists select their careers for a number of reasons. Some will enhance their practice of psychotherapy, and others will interfere with therapeutic

efficacy. In the following sections, I will review the current literature on the career choice of psychotherapist.

Professional Factors

In this section, I will review aspects of the typical professional activities of a therapist that might have bearing on an individual's choice of a career as a psychotherapist.

The primary motivation for becoming a psychotherapist is a desire to help people and to promote growth in others and in oneself (Farber & Heifitz, 1981; Guy, 1987; Marston, 1984). Farber & Heifitz (1981) completed a study of stressful and satisfying aspects of conducting psychotherapy. In their study, 67 practicing psychotherapists completed rating scales that assessed sources of job satisfaction, sources of stress in practice, and stressful client behaviors. Based on a factor analysis of satisfactions of psychotherapeutic work, they concluded that the vast majority of therapists (97%) found at least moderate satisfaction in "helping troubled individuals." Due to the overwhelming endorsement of this factor, it was not included in the subsequent factor analysis. In their factor analysis, they identified three factors that were related to job satisfaction: (1) promoting growth in oneself and others, (2) having intimate involvement with clients, and (3) occupying a position of revered efficacy in

relation to one's clients. Therapists who endorsed the first factor indicated satisfaction in enhancing growth in themselves and in their clients. Endorsement of the second factor was indicative of therapists who derived satisfaction from hearing intimate details of their clients' lives and from being in helpful relationships with their clients. Satisfaction relating to revered efficacy involved professional status, expertise, and respect.

The professional role of the therapist provides an opportunity for helping others, as well as enriching one's own life. In addition to the intellectual and emotional stimulation inherent in the practice of therapy, therapists often enjoy positions of prestige and respect in their professional lives. Furthermore, the therapist's typical endeavors provide opportunities for independence, a comfortable income, and a diversity of professional activities.

Personal Factors

People wish to enter the profession of psychotherapy because of a number of personal motivations which are both conscious and unconscious in nature. That certain motivations are not conscious means that some of the most telling reasons for entering this profession remain inaccessible, yet an evaluation of conscious personal

factors provides valuable, albeit incomplete, insights into the decision to become a therapist.

Personal Factors that Enhance Psychotherapy. In this section, I will review literature and research describing motivations for practicing therapy that are congruent with the effective clinical practice.

Therapists derive personal satisfaction and emotional fulfillment from their work of promoting change and growth in their clients. Effective therapists benefit both from participating in the growth of their clients and from the personal challenges involved in being a therapist (Bugental, 1964). This particular motive for the practice of therapy combines the altruism that is the sine qua non of the healing professions with a healthy desire for personal growth experience. It is, in fact, difficult to imagine an effective therapist who does not seek and receive a degree of personal fulfillment in the practice of therapy. Bugental's description (1964) of a mutually enhancing relationship between client and therapist recognizes the reciprocal nature of therapeutic growth. While the client must be the focus of treatment and the clear priority within the relationship, therapy that is most effective will involve the totality of the therapist and, due to that fact, contribute to the growth of the therapist as well.

The literature describing functional characteristics that motivate people to pursue a career as a psychotherapist contains a wealth of clinical insight yet is lacking in empirical data. A natural inquisitiveness (Guy, 1987), a desire for discovery (Marston, 1984), and a desire to understand the intricacies of human behavior provide a fertile ground for the development of a therapist. As the basic process of psychotherapy involves a dialogue with another person or persons, a comfort with talking and conversation will be of benefit to the practice of therapy. The capacity for empathy, understanding, and attentive listening are the basic skills in building the therapeutic relationship (Rogers, 1951) and are enhanced by the capacity for emotional insight and introspection on the part of the therapist. To the degree that these skills already exist within the individual, his or her suitability for the practice of therapy will be enhanced.

While these empathic and interpersonal skills may be conducive to a career in psychotherapy and the ability to engage with clients, the therapeutic relationship involves more than the ability to form sensitive interpersonal relationships. The therapeutic relationship involves a focus on the well-being and growth of the client (Guy, 1987). There may be gratification for the therapist, yet the process of therapy involves the ability to hold oneself in reserve and detach from the give and take of typical

conversation in order to attend to the client. The therapist must be able to tolerate the ambiguity inherent in facilitating the process of psychological change without sacrificing the warmth and genuineness referred to by Rogers (1951) as unconditional positive regard.

Psychotherapists enter into intimate and powerful relationships with their clients. Clients often reveal their most personal thoughts and feelings in therapy and look to therapists for understanding and help with painful aspects of their lives. As a result, therapists occupy positions of power and influence in the lives of their clients. People with a desire for intimate connection and the opportunity to influence the lives of others may be attracted to the practice of psychotherapy (Guy, 1987; Marston, 1984). Clearly, both intimacy and power motives have the potential for becoming dysfunctional or damaging to the process of therapy.

Those psychotherapists who are most effective and energized by their work are the individuals who are able to derive personal gratification and to meet personal needs through their work without sacrificing the primary aim of alleviating psychic distress. As Bugental (1964) states,

> I feel like one of the fortunate ones. I feel more fortunate than most. The men and women who come to see me entrust me with that which is most deeply meaningful in all their experience. They offer me the awesome privilege of participating in the very essence of their

lives. When I am most authentic, I am most humble in my appreciation of this opportunity. (pp. 276-277)

Personal Factors that Detract from Psychotherapy. In this section I will review factors influencing the decision to become a therapist that detract from the effective practice of psychotherapy. A therapist's personal motivations become problematic when the primary aim of the therapy involves their gratification rather than promoting understanding and growth in clients. A factor interferes and detracts from therapy when it causes the therapy to become therapist-centered. Gratification of personal motives through the practice of psychotherapy is not necessarily an impediment to therapy, but when motives are unrecognized or unresolved by the therapist, they can become problematic and have potentially deleterious effects on the practice of psychotherapy.

One common and potentially problematic attraction to a career as a psychotherapist is the wish to resolve personal psychological distress (Bugental, 1964; Ford, 1963; Goldberg, 1986; Guy, 1987; Henry, Sims, & Spray, 1971; Norcross & Guy, 1989; Sussman, 1992). For example, Ford (1963) analyzed the autobiographical statements of 25 psychiatric residents written on the subject, "How I came to be a psychotherapist" (p. 473). In 24 of these statements, the residents referred to being "led into psychiatry in response to an awareness of need within themselves" (p.

475). They often referred to "striving for self-realization" through their choice of a career in psychiatry and to close relationships with their mothers that led them to value work that involved caring for and nurturing others. Ford asserted that "emotional conflict, often severe but not necessarily of clinical neurotic quality" (p. 476) characterizes the careers of those who become psychiatrists.

A person may be motivated to become a psychotherapist by unconscious factors, but such factors are the most difficult to verify empirically. Sussman (1992) conducted semi-structured interviews of nine psychotherapists in an attempt to uncover unconscious motivations for the practice of psychotherapy. His interviews covered the following topics: "vocational choice, experience as a therapist, experience as a psychotherapy patient, family background, personal development, and current personal life" (p. 178). Based on his interviews, Sussman developed a psychodynamic formulation of each therapist's unconscious conflicts relating to instincts, developmental processes of the self, and object relations that the therapists sought to resolve through the practice of psychotherapy. This study relied, out of necessity, on self-report data, yet other aspects of the design were limiting. Sussman relied on a small, unrepresentative sample of psychodynamically oriented therapists who were probably not representative of therapists as a whole. His conclusions were based on his

personal interpretations of unconscious processes. Although he consulted with colleagues regarding his interpretations and may be an astute clinician himself, a discussion of his decision processes or the establishment of inter-rater reliability in interpretation would have increased confidence in his statements.

Related to the motivation to resolve psychological distress is the concept of the "wounded healer". The myths of shamanic practices are invoked to explain instances in which people with particular psychic "wounds" are drawn to the healing professions (Goldberg, 1986; Guy, 1987; Henry, 1966). Shamans were thought to have intimate experience and knowledge of suffering that they were able to invoke in order to bring about cures. In modern terms, an individual who has experienced a particular type of psychological distress or injury is thought to gain special insight and understanding that is not available to those who arrive at their knowledge through other means, such as formal education (Goldberg, 1986; Guy, 1987). While this explanation has a certain intuitive appeal, it remains unverified. As Guy (1987) noted, the key to whether or not a history of psychological distress is beneficial to the practice of healing lies in the degree of resolution and the severity of the distress.

Brown (1991) proposed a model of career development that exemplifies the transformative aspects of the "wounded

healer" concept. Based on semi-structured interviews with 35 substance abuse counselors, who were also former substance abusers, Brown suggested a four-stage model of career selection. The first stage involved an identification and ultimately a desire to emulate one's personal therapist. In the second stage, this desire to emulate one's therapist resulted in a shift to a lifestyle free of substance abuse and a commitment to a career in counselling. This commitment and change in identity was further internalized as one's own identity in the third stage. The transition from an abuser of alcohol or drugs to a treater of these problems was completed with the acquisition of professional credentials, the fourth stage of Brown's model.

The clinician may be motivated to master his or her personal problems from the security of vicarious experience (Bugental, 1964) rather than from confrontation of the anxieties inherent in negotiating a pathway through those problems. Goldberg (1986) described psychotherapists as "observers rather than participants" in various life situations. This mode of observing is beneficial to the therapist's objectivity and need to stand somewhat apart from the client in order to understand his or her problems. A therapist's objectivity and neutrality becomes problematic if it prevents an empathic connection with the emotional

life of the client and limits the ability of the therapist to enter a relationship with the client.

Individuals with neurotic needs may practice psychotherapy in order to fulfill voyeuristic impulses. The sense of discovery and fascination described by Bugental (1964) can become an excessive interest in the private and personal lives of others. Therapists are privy to the secrets of their clients' lives. When therapists are motivated by voyeuristic interests, their therapy may be misdirected or manipulated in order to satisfy this fascination. In discussing motivational styles of therapists, Marston (1984) stated that a therapist's satisfaction with his or her work is most evident in conducting therapy with clients who have led particularly fascinating lives. He suggested that the prevalence of jokes pertaining to the voyeuristic opportunities of therapeutic practice may be intended to provide distance from feelings of guilt surrounding this interest in the private lives of clients.

Some people may choose a career as a psychotherapist because of a wish for intimacy. Goldberg (1986) described the therapeutic relationship as providing the experience of intimate relationships with little risk of disappointment or emotional pain on the part of the therapist. Bugental (1964) defined the therapeutic relationship as involving "one-way intimacy" (p. 273) with a great deal of affective

expression and interpersonal connection. The therapeutic relationship satisfies the needs for intimacy and emotional expressiveness in practitioners who fear precisely those qualities in their personal lives. Ironically, the desired intimacy may actually be thwarted by the one-way relationships inherent in the practice of psychotherapy. The lack of reciprocal intimacy and self-disclosure may actually intensify the therapist's sense of loneliness and isolation, and prompt further emotional withdrawal from significant personal relationships. This isolation may be further aggravated by the continual process of termination with clients to whom the therapist has developed a close attachment (Guy & Liaboe, 1986).

Therapists can occupy positions of power and influence in the lives of clients who come to idealize them. When the desire for power is prompted by the therapist's own needs for omniscience and control, the therapist's influence becomes contrary to the practice of psychotherapy (Bugental, 1964; Guy, 1987; Marston, 1984). The neurotic exercise of power by the therapist for the purposes of dominating and exploiting clients is particularly dangerous (Guy & Liaboe, 1986). The therapist, convinced of his or her omniscient role as a healer, may develop a belief in the curative aspects of unconditional love for the client. Such a belief can encourage the client's unhealthy dependency on the therapist (Bugental, 1964) and raises the specter of sexual

exploitation by the therapist. Marston (1984) suggested that the therapist's striving for power may be an attempt to resolve feelings of fear and impotence in his or her personal life at the expense of the client's personal autonomy. He distinguished this exercise of power from the more altruistic motives of promoting growth and psychological well-being.

Narcissistic individuals may be attracted by the opportunity for idealization by their clients (Guy, 1987; Skovholt & Ronnestad, 1992; Sussman, 1992). In milder instances, the client's respect and admiration will be sufficient gratification of these needs, and the therapy may be unaffected. For example, one of the therapists profiled by Sussman referred to admiration and idealization by clients as a significant factor in the career selection of "his average colleague" (p. 196). He felt that his own career choice was motivated by "a strong need to be exceptional" (p. 197). In more severe instances, the narcissistic therapist might direct his or her therapeutic actions toward maintaining the client's idealization rather than promoting the client's well-being.

Factors Relating to Family of Origin

A basic tenet of personality theory is that childhood experience exerts a major effect on subsequent development. Thus, an individual's experiences within his or her family

of origin have been cited as determinants of career choice. Within this framework, therapists have been viewed as choosing careers that are "harmonious with their psychological needs" (Goldberg, 1986). Childhood experiences and family roles form a general template which may be suited to the role and activities of a psychotherapist.

In one of the few comprehensive studies of the family environments of therapists, Elliott & Guy (1993) compared experiences of childhood trauma and levels of psychological distress as adults of 340 female mental health professionals and 2,623 professionals from disciplines outside of mental health. In decreasing order of prevalence, the mental health professionals consisted of clinical social workers, psychologists, psychiatric nurse practitioners, and psychiatrists. The subjects completed three instruments: The first assessed characteristics and interpersonal dynamics in the family of origin. The second examined current psychological distress with an emphasis on traumatic symptomatology, and the third assessed current interpersonal adjustment.

The researchers documented higher rates of childhood trauma and psychological distress in mental health professionals' families of origin, relative to other professionals. The clinicians had experienced higher rates of physical abuse, sexual molestation, parental alcoholism,

hospitalization of a parent for mental illness, and death of a parent or sibling during childhood. The researchers hypothesized that these differences might be accounted for by the clinicians' experiences of personal therapy and psychological training, but when these influences were controlled for statistically, the differences in traumatic experiences remained. In terms of family dynamics, the clinicians reported greater conflict in their families as well as, lower levels of achievement orientation, cohesiveness, independence, and moral or religious emphasis.

Despite their troubled histories, the mental health group actually experienced less psychological distress in their current lives. They experienced fewer traumatic symptoms of anxiety, depression, dissociation, and sleep disturbance and indicated fewer interpersonal difficulties in the areas of hypersensitivity, emotional discomfort, and maladaptive patterns of relating.

In summary, Elliott & Guy demonstrated a clear relationship, independent of personal therapy experience and psychological training, between childhood trauma and the choice of a career as a mental health clinician. They suggested that career choice may be motivated by experiences of premature responsibility in one's family of origin. In earlier writings, Guy (1987) suggested that the choice of a career as a therapist might represent an attempt at resolution of personal problems through the practice of

psychotherapy, carrying the risk of seeking self-healing rather than growth and change for the client. In this study however, the mental health group experienced less distress in their current lives, suggesting that the extent of problem resolution may mediate the relationship between motivations for career choice and professional functioning.

In another study using a comparison group, Fussell & Bonney (1990) compared the childhood experiences of psychotherapists and physicists. Physicists were selected as a basis of comparison because of their comparable level of career attainment, training, and education. Fussell & Bonney asserted that the critical difference between therapists and physicists is one of career focus, with differing emphasis on working with people versus objects. Presumably, psychotherapists are predominantly involved with people and personal dynamics, whereas physicists are involved with the world of objects.

A total of 42 psychotherapists and 38 physicists completed four self-report measures that assessed early childhood experiences. The investigators surveyed the subjects' perceptions of their families' mental health and reactions to experiences during their childhood using two measures, the Family of Origin Scale and their own Childhood Questionnaire. On these instruments, subjects responded to statements about experiences and emotional themes, relating to autonomy and intimacy (Hovestadt, Anderson, Piercy,

Cochran, & Fine, 1985) and to childhood roles within their families of origin. A Semantic Differential measure was used to quantify the meaning of the concepts of "family", "childhood", "mother", and "father" for each subject. Finally, subjects completed an autobiographical questionnaire.

Fussell & Bonney noted that those in the therapist group had experienced more frequent parental absence than those in the physicist group. Of the 42 therapists, 15 reported an instance of parental absence due to death, prolonged illness, divorce, or separation. Only 2 of the 38 physicists reported such absences. Compared to physicists, the psychotherapists perceived their families as less healthy and evaluated them more negatively. Psychotherapists were more likely to feel responsible for the emotional health of their parent or parents and endorsed similar caretaking roles toward other family members. Psychotherapists reported experiencing greater ambiguity in the communication of thoughts and feelings in their families; they also reported being less happy as children. The physicists and the psychotherapists did not differ in their reports of parental responsiveness and emotional support. The study is subject to the usual limitations of retrospective and self-report data, but it does provide compelling evidence that problematic and distressed

childhoods are common among psychotherapists and may be influential in their choice of career.

Racusin, Abramowitz, & Winter (1981) utilized the interview method first developed by Henry, Sims, & Spray (1971) to evaluate the relationship of family of origin dynamics to the career choice of psychotherapist. The interviewees were seven female and seven male psychotherapists who were selected for their willingness to be self-disclosing. The researchers completed a content analysis of major interview themes and developed a psychodynamic interpretation of these themes and their possible causes.

All 14 therapists reported a history of physical or behavioral difficulties in family members, ranging from instances of heart attacks and high blood pressure to alcoholism and child abuse. Racusin and his colleagues suggested that these events might be indicative of a family in which sensitivity to stress and ambivalence toward intimacy on the part of children are adaptive. The therapists in this study came from what the researchers described as traditional family backgrounds, with the mother occupying the primary nurturing role. Psychological disturbances were noted in eight mothers, seven fathers, seven siblings, and four of the therapists. Parents' marital relationships were described as only moderately close and involving difficulty with appropriate emotional

expression. Of the 14 therapists, ten reported that, as children, they either acted as buffers between parents involved in emotional conflict or served as nurturers and mediators in their families emotional concerns. Many of the therapists described finding alternate sources of intimacy and nurturance in siblings or other relatives. The investigators presented a dynamic formulation of therapists' families of origin suggesting that a lack of nurturance in families of origin produced rage and ambivalence toward intimacy in the therapists, and that the career choice of psychotherapist represented a defense against these feelings by "ensuring control over intimacy" (p. 274). Inferences from this study about psychotherapists' career choice are constrained by the small sample size, self-report methodology, reliance on unsubstantiated clinical interpretations, and lack of comparative data.

In Sussman's (1992) interviews with nine psychotherapists about their motivations for practicing therapy, all of the therapists reported a history of family conflicts and problematic relationships with their parents. For example, one female therapist described being her mother's sexual confidant from a young age. Furthermore, all nine therapists described psychiatric disturbances in their parents. The therapists reported personality disorders in ten parents; another six parents were thought to have experienced depression, alcoholism, or anxiety

disorders. Sussman concluded that family disturbance was a common motivator for the practice of therapy, yet this conclusion is tempered by the possibility that psychodynamic therapists, as a result of their orientation, may be more likely to understand their choice of career in terms of childhood conflict.

Marsh (1988) compared family experiences of undergraduate social work and business majors. She found higher rates of addiction, usually to alcohol, among the families of social work students. Addiction was even more common among the families of male social work students. Unfortunately, the definitions of substance abuse were particularly broad in this study. Subjects completed a genogram of their family and indicated any "suspicions" of substance abuse. A further complicating factor was the failure to distinguish current family from family of origin, making it somewhat more difficult to understand the relationship of these experiences of addiction to career choice. Despite these limitations, Marsh suggested that these family disturbances are indeed relevant to the choice of a career in social work.

Rosin and Knudson (1986) evaluated the relationship between life experiences and the selection of a psychodynamic or behavioral orientation. Forty clinical psychologists participated in interviews and completed a measure of theoretical orientation. Behavioral and

psychodynamic orientations were equally represented in the sample, and therapists were classified as experienced, (e.g., those with faculty affiliations), or inexperienced, (e.g., graduate students in clinical psychology). The therapists then completed a content analysis of transcripts of their own interviews in which they identified themes that they considered influential to their development of a theoretical orientation. The psychodynamic therapists reported higher instances of mental illness and conflict within their families of origin than the behavioral therapists. Psychodynamic therapists sought personal therapy more often than behavioral therapists and tended to cite personal rather than professional reasons for seeking therapy. Experience level was not related to theoretical orientation. These results suggested that a family history of psychological distress is positively correlated with adopting a psychodynamic orientation but did not allow causal inferences regarding the effects of family distress on theoretical orientation.

What emerges from these studies is a picture of therapists' families as involving considerable conflict and distress. In response to growing up in a distressed family, therapists adopted roles within their families that involved nurturing, caring for, and being a confidant to their parents and other family members. Personal experiences with caretaking roles and coping with family distress as a child

may have set the stage for a career in the helping professions. This formulation has been a consistent theme in the literature on the early life experiences of therapists. Ford (1963) described a pattern among the psychiatric residents in his study of identification with their mothers and the maternal role of caring for the needs and problems of others. Henry (1966) described a prevalent sense of "isolation and...heightened awareness of inner events" (p. 49) among psychotherapists. Therapists told stories of childhoods marked by personal illness and lacking in peer contact; they also related personal histories in which parents were seriously ill or died prematurely. This lack of parental nurturance, as a result of death or illness, prompted the therapists to take over caretaking roles within their families.

Henry suggested that, as a result of these family experiences, therapists developed characteristics of personal distinctness, social marginality, lack of intimacy, and sensitization to inner events. As children, they led rather isolated lives with few opportunities for emotional intimacy and social relationships. As adults, these therapists reported a similar lack of emotional connection to their families and friends. Early experiences in caring for the needs of other family members sensitized these therapists to inner events, yet this sensitivity was more apparent in their work lives than in their personal lives.

Henry asserted that the choice of a career as a psychotherapist represented an adaptation of this sensitization to inner experience and an attempt to resolve feelings of personal isolation that originated in childhood.

A family history of distress, however, is not a prerequisite for a career as a psychotherapist. In their chapter, Norcross and Guy summarized the life experiences of the ten prominent therapists featured in the Dryden and Spurling book (1989). These therapists had not experienced a history of familial distress and had not adopted caretaking roles within their families. Nine of the ten therapists described their parents' relationships in positive terms and eight described their fathers as quite involved and influential to their development. Mothers received less emphasis in explaining career motivations. Contrary to much of the previous literature, references to maternal pathology were absent. These ten therapists may have experienced a degree of ambivalence toward their mothers, but their accounts did not indicate the degree of identification, maternal enmeshment, and family distress that has been suggested elsewhere (Ford, 1963; Fussell & Bonney, 1990; Henry, 1966; Racusin et al., 1981; Rosin & Knudson, 1986). In contrast to the primary role ascribed to family members in influencing the decision to become a psychotherapist in much of the literature, these therapists cited experience with professional role models outside of

the family as influential in their selection of career. They recalled an early sense of specialness and exceptional ability that was encouraged during childhood. As is the case with much of the research in this field, the validity of interpretations is limited by the small and unrepresentative nature of the sample.

Methodological Limitations

The interpretation of a therapist's career choice as product of early life experience and family distress has received support, yet the literature has been contradictory. According to many researchers the decision to become a psychotherapist is often motivated by a conflicted childhood involving family dysfunction and premature adoption of the adult roles of caring for and attending to the emotional needs of other family members. The selection of a career in psychotherapy may be an attempt at resolving these and other related motivations that originated earlier in life. While this may describe a major pathway to becoming a therapist, there has been scant attention in the literature to more positive influences, such as role models, on career choice.

A more significant obstacle to understanding the relationship of early experiences and the career choice of psychotherapist pertains to the flawed methods that have been used to study this topic (Liaboe & Guy, 1987). Beyond the inescapable limitations of self-report, much of the

literature has been based on clinical impressions or relatively unstructured interviews. Interview data have typically drawn on samples of fewer than 15 therapists. Researchers often discuss the similarities of their subjects to therapists in general, but discussions of similarities do not constitute representative sampling. Causal inferences are not possible. Descriptive statistics, correlational methods, and chi square analyses are intriguing and suggestive but should not be taken as determining causality. With the exception of the studies by Elliott and Guy (1993) and Fussel and Bonney (1990), comparison groups have not been used to distinguish the experiences of therapists from those of other professions. What remains is a compelling account, with far less compelling empirical support, of factors that may motivate the selection of a career in psychotherapy.

Effects of Personal Distress on Psychotherapy

The impact of the clinician's mental health on the practice of psychotherapy has long been of concern. Freud (1912) emphasized the necessity of personal analysis throughout one's career in order to be able to accurately perceive the unconscious productions of the client. Throughout the helping professions, there has been a widespread belief in the importance of the therapist

resolving his or her own personal problems so that they do not interfere with the process of psychotherapy.

Clark (1986) reviewed the empirical literature on the effects of personal therapy on the practice of therapy and concluded that there is scant empirical evidence for any beneficial impact. Clark noted, however, that researchers have not investigated the circumstances surrounding personal therapy for psychotherapists. He suggested that personal therapy is possibly beneficial to the practice of those therapists actually in need of therapy due to psychological distress. Personal therapy may have little or no effect on the practice of those therapists who are already functioning at a higher level.

Researchers have concluded that personal distress in the lives of psychotherapists can have negative effects on the practice of psychotherapy. Deutsch (1985) surveyed 264 therapists about their experience of common psychological problems and their use of therapeutic services to cope with these problems. Of the respondents, 82% indicated an experience of relationship problems, 57% reported an instance of depression in their lives and 2% had attempted suicide. Substance abuse was reported by 11% of the therapists. An additional 14% of the therapists reported instances of unspecified psychological distress. Psychological distress was more common than attempts toward its remediation with therapy, medication, or

hospitalization. Psychotherapy had been considered but then rejected by 34% of the sample. These professionals indicated their preference of turning to family, friends, and peers for social support, rather than to therapists. They expressed concerns about confidentiality, professional censure, and the difficulty finding therapists outside of their social milieu as reasons for not seeking therapy. Other therapists reported that their problems had resolved prior to undertaking therapy, although in this instance they did not indicate the manner in which their problems were resolved. Deutsch concluded that therapists are subject to a variety of personal stresses similar to those of their clients. She employed a general set of problem formulations that omitted information about severity and duration of problems. Because a comparison group was not included, it was not possible to determine which problems and coping responses were unique to psychotherapists. Finally, Deutsch did not relate the personal problems of therapists to their professional functioning.

Guy, Poelstra, & Stark (1989) concluded that personal distress does affect the quality of therapeutic practice. Guy and his colleagues inquired about several factors which they deemed as possibly important: (1) they asked therapists about their experiences of personal distress for the 3-year period prior to the survey; (2) they inquired about how this distress may have affected the quality of the

therapy provided by the therapists; and (3) they explored the nature of interventions used by the therapists in response to personal distress. Of 318 practicing psychologists, 74.3% indicated that they had experienced personal distress within the last three years. Types of distress, reported in order of decreasing frequency, were as follows: job stress, family illness, marital problems, death in the family, financial problems, mid-life crises, personal physical illness, personal distress of an unspecified nature, legal problems, personal mental illness, and drug abuse. Of the therapists reporting personal distress, 36.7% indicated that the quality of their patient care had been compromised. The statement, "the distress was serious enough to result in inadequate patient care" was endorsed by 4.6% of the therapists with a history of personal distress. Of the distressed therapists, 70% took action to deal with their distress. Interventions used, reported in order of decreasing frequency, were as follows: individual therapy, reducing client load, responses categorized as "other" without further description by the respondent, family therapy, temporarily ceasing the practice of psychotherapy, medication, self-help groups, and hospitalization. Of the 86 therapists acknowledging that distress had been detrimental to patient care, 10 did not obtain help of any type. Of the 11 clinicians acknowledging inadequate care, only one reported not seeking help of any

kind. Clinicians with heavier work loads tended to report greater effects of personal distress on the quality of their work, whereas older clinicians indicated that distress had less impact on the quality of their work. From this research we can conclude that distress in the lives of psychotherapists does affect the practice of therapy, at times to a considerable extent. Many distressed therapists take action to ameliorate personal distress, although some do not.

Purpose of the Study

The aim of this study was to assess factors that influence the decision to become a psychotherapist and to evaluate the effects of these influences on the practice of psychotherapy. Previous research has suffered from a number of methodological limitations, including very small samples, lack of comparison groups, reliance on vague methodology, and a failure to relate personal variables to actual professional functioning. In the present study, these methodological limitations were addressed by using a larger sample size and by including a comparison group of social psychologists.

An evaluation of the influences on career choice provides insight into the developmental processes of becoming a therapist and contributes to the understanding of therapist variables in the process of psychotherapy.

Questions of how the determinants of career choice affect the practice of psychotherapy are of direct relevance to clinical work, but these questions have not yet been addressed in the literature. It was the purpose of this study to offer both a quantitative and qualitative assessment of motivations and experiences that psychotherapists themselves view as relevant to their career choice. It was also hoped that the study would provide insights into the relationship of career choice to subsequent professional behavior. A final aspect of the study was to examine possible gender differences in the career choices of therapists and social psychologists.

CHAPTER 2

METHOD

Subjects

Two groups of subjects were surveyed: The first group consisted of licensed clinical psychologists in psychotherapy practice. The second group consisted of social psychologists involved in psychological research.

The comparison group of social psychologists was chosen to allow specification of influences on career choice unique to practitioners of psychotherapy. Social psychologists were selected because in many ways they are similar to clinical psychologists. Both groups represent a similar level of educational achievement, prestige, and professional socialization. Although the interests of psychotherapists and social psychologists often converge, the work of social psychologists can be viewed as less personal and intimate and concerned more with objective phenomena than the work of psychotherapists. Presumably the careers of clinicians and social psychologists are influenced by different personal motivations and experiences.

Survey Respondents

Surveys were sent to 125 clinical psychologists randomly selected from the National Register of Health Service Providers in Psychology (1992). Psychologists

listed in the National Register must be currently licensed to practice psychotherapy. Surveys were also sent to a comparison group of 125 social psychologists randomly selected from the membership roster of Division 8, The Society of Personality and Social Psychology, of the American Psychological Association (1990). Disproportionate random sampling was used to balance the sample for gender.

Responses were received from 119 subjects, a rate of 47.6%. Of these responses, 10 were eliminated from the sample because the respondents did not meet the membership criteria for the respective groups. The resulting sample consisted of 109 subjects, for a usable response rate of 43.6%. The final sample consisted of 56 psychotherapists and 53 social psychologists.

As is common in survey research, respondents did not complete all of the demographic items. Gender information was available for 104 of the 109 respondents (95.4%). Of these subjects, 54 were male (51.9%), and 50 were female (48.1%). The psychotherapist group consisted of 30 males (55.6%) and 24 females (44.4%). The social psychologist group contained 25 males (50%) and 25 females (50%).

Respondents varied considerably in their years of professional experience. Based on the responses of the 72 subjects who reported the number of years since receiving their Ph.D. (66.1%), experience ranged from 4 to 44 years, with a mean of 18.5 years for each of the groups. Among the

psychotherapists, 15% had less than 10 years of experience, 43% between 10 and 20 years, 30% between 21 and 30 years, and 12% more than 30 years of experience. In the social psychologist group, 15% had less than 10 years of experience, 41% between 10 and 20 years, 31% between 21 and 30 years, and 13% more than 30 years of experience.

Although information about the theoretical orientations of the therapists and the research specialties of the social psychologists was limited, both groups were broadly representative of their fields. Of 27 therapists who indicated a theoretical orientation, six described themselves as psychoanalytic or psychodynamic. Seven therapists adhered to a cognitive and/or behavioral orientation. Eleven therapists described their approach as eclectic, often with references to dynamic or cognitive-behavioral components. Three therapists listed some other orientation (e.g., transpersonal, gestalt, Ericksonian). Of 33 social psychologists, seven conducted research dealing with clinical populations or psychological problems. Interest in gender and minority issues was cited by five of the respondents; another five cited the study of attitudes as their primary research area. Other research areas represented in the sample included relationships, group processes, communication issues, and social cognition.

Instrument

Based on a review of the relevant empirical literature, an original questionnaire was developed to assess influences on career choice and the impact of these influences on professional functioning. Parallel versions were created for the therapist and social psychologist groups. The questionnaire was pilot-tested in the Department of Psychology at the University of Massachusetts at Amherst. Critiques of the content and structure of the questionnaire were solicited from faculty and graduate students in clinical psychology, and as a result, the questionnaire was refined. Psychotherapists received an introductory cover letter explaining the purpose of the study (see Appendix A) and a two page questionnaire entitled, Influences on Becoming a Therapist (see Appendix B). Social psychologists received a similar cover letter (see Appendix C) and a questionnaire entitled, Influences on Becoming a Social Psychologist (see Appendix D).

The questionnaire utilized both forced choice and open-ended response formats. Demographic information regarding gender, theoretical orientation of therapists, research specialty of social psychologists, and number of years since completing a Ph.D. was requested. Influences on career choice were assessed by 37 items that referred to motivations and experiences that might be relevant to career choice. The motivation items represented internal states or

wishes that could be realized in an individual's chosen career. The experience items consisted of personal experiences that might be consistent with a career either as a therapist or as a social psychologist. Subjects were asked to indicate which items had influenced their choice of career and to rate those items on a 7-point Likert-type scale, ranging from "strong agreement" (7) to "strong disagreement" (1), about the extent to which the factor influenced career selection. The internal consistency of these items was substantial, with a Cronbach's alpha of .85. Subjects were then requested to answer two open-ended questions about the most influential factor on career choice and the effect of that factor on their practice of psychotherapy or their work as a social psychologist. A 6-point Likert-type response, ranging from "very helpful" (6) to "very problematic" (1), was employed to evaluate the degree to which this factor was helpful or problematic to professional functioning. Finally, subjects were asked to indicate how they coped with problematic influences. The effectiveness of coping methods was evaluated with a 4-point Likert-type response ranging from "very helpful" (3) to "not helpful" (0).

Because confidentiality was of utmost importance given the personal nature of this research, all surveys were completely anonymous and confidential. Subjects were provided the opportunity to receive written feedback by

completing a mailing label that was separated from completed questionnaires prior to data analysis.

CHAPTER 3

RESULTS AND DISCUSSION

In this section, the three content areas of the study are addressed: (1) influences on the career choices of psychotherapists and social psychologists, (2) effects of these influences on professional functioning, and (3) methods of coping with problematic influences. These three domains are explored by presenting relevant statistical findings and illustrating these findings with written commentary from the respondents.

For the purposes of data analysis, responses to items in Section I (#1-37) were collapsed into a 4-point scale: a score of "3" indicated strong agreement that the factor was an influence on choice of career; a score of "2" indicated moderate agreement; and slight agreement was coded as a score of "1". Responses indicating neutrality or disagreement regarding a factor's influence were coded as "0". A reliability check regarding data coding was conducted; two independent raters (the researcher and the researcher's assistant) agreed in 99% of the cases. Disagreements were resolved through discussion by the raters.

Influences on Career Choice: A Seven Factor Model

Based on an in-depth review of the conceptual content of the questionnaire by two raters (the researcher and the researcher's advisor), seven factors were constructed reflecting coherent themes. The 18 items pertaining to motivations for career choice constituted the following four factors: (1) professional altruism, (2) vocational achievement and opportunity, (3) personal growth and inquisitiveness, and (4) personal problem resolution. The 19 items pertaining to influential experiences were divided into three factors: (1) experiences of personal problems, (2) troubled family experiences, and (3) experiences of strong, interpersonal alliances. Factor scores were derived by averaging the scores of the individual items comprising each factor for each subject. The seven factors had moderate to high internal consistency, with Cronbach's alpha ranging from .57 for troubled family experiences to .83 for experiences of personal problems. The mean scores for all seven factors for the therapist and social psychologist groups are reported in Table 1. An analysis of variance revealed significant differences between therapists and social psychologists on four of the seven factors: (1) vocational achievement and opportunity, (2) personal problem resolution, (3) experiences of personal problems, and (4) troubled family experiences.

Table 1

Mean Scores for the Seven Factor Model

Factor	Therapists			Social		
	Total	Male	Female	Total	Male	Female
	54	30	24	50	25	25
Motivations						
Professional Altruism	1.78	1.72	1.86	1.51	1.13	1.88
Vocational Achievement	1.13*	1.17	1.08	0.89*	0.76	1.01
Personal Growth	1.51	1.40	1.65	1.42	1.29	1.56
Personal Problem Resolution	0.45*	0.39	0.52	0.23*	0.18	0.28
Influential Experiences						
Personal Problems	0.49**	0.50	0.48	0.22**	0.19	0.26
Troubled Family	0.28**	0.23	0.34	0.11**	0.09	0.13
Interpersonal Alliance	0.66	0.63	0.71	0.72	0.49	0.95

*$p < .05$.

**$p < .01$

Through an open-ended question, respondents were asked to indicate the factor that had been most influential in their choice of a career as a therapist or social psychologist. Open-ended responses indicating the most important influences on career choice were categorized according to the seven factor model, and the frequency of designation for each factor is reported in Table 2. Response frequencies for each factor were compared using the chi-square statistic. To avoid giving undue weight to the responses of subjects who reported more than one factor as most important in their choice of career, only their first response was included in the analysis. For social psychologists, motivations for personal growth and opportunity had greater influence on choice of career than for therapists, $\underline{x}^2(1, \underline{N} = 98) = 5.75, \underline{p} < .05$.

In order to include both gender and group membership in the analyses, respondents whose gender was not provided were omitted, leaving a sample size of 104. The data were subsequently analyzed for all 109 respondents, excluding gender information, and the results were consistent with the analyses that include gender.

Table 2

Most Influential Factors in Determining Career Choice

Factor	Therapists		Social	
	%	n	%	n
Professional Altruism	21.4%	12	11.3%	6
Vocational Achievement	12.5%	7	5.7%	3
Personal Growth*	30.4%	17	50.9%	27
Personal Problem Resolution	1.8%	1	1.9%	1
Personal Problems	5.4%	3	5.7%	3
Troubled Family	1.8%	1	0.0%	0
Interpersonal Alliance	17.9%	10	13.2%	7
No Response	8.9%	5	11.3%	6

*$p < .05$.

Motivations

Motivations were subdivided into four factors: (1) professional altruism, (2) vocational achievement and opportunity, (3) personal growth and inquisitiveness, and (4) personal problem resolution.

Professional Altruism. This factor consists of items that reflect altruistic motivations for becoming a therapist or social psychologist, including: (1) the wish to help people, (2) the wish to promote growth and change in others, and (3) the wish to help society. This factor captures an individual's desire to benefit others at either a personal or societal level.

Although not statistically significant, the importance of altruistic motives was higher for the therapists than for the social psychologists, $p < .10$. Altruistic motives were more important for male therapists than for male social psychologists, $F(1, 100) = 3.251$, $p < .05$. This finding is consistent with the direct helping role typical of therapists. While social psychological research is certainly beneficial to human welfare, its effects are usually less direct.

In response to the open-ended question, 21.4% of the therapists and 11.3% of the social psychologists reported altruistic motives as most influential in their choice of career. This difference was not significant. The

therapists referred to desires to benefit others at both a personal and a societal level. For example, one therapist referred to making "a contribution to society through helping people." Another cited "the wish to be a positive agent for social change." Yet another therapist stated that he had chosen to become a psychotherapist because he "wanted to help others without seeing blood." In this instance, career selection obviously represented a convergence of altruistic motives with the practical interest of avoiding the inevitable injuries encountered in the medical profession. Social psychologists typically referred to a desire to change society rather than to help or change individuals. For example, one woman stated,

> As a teenager, I had formal schooling and wanted to change the system. I decided that applied social psychology provided a method for doing policy analysis and for suggesting and evaluating interventions.

As would be expected from earlier research (Farber & Heifitz, 1981), both therapists and social psychologists desire to improve the lives of others through their respective careers.

Vocational Achievement and Opportunity. This factor is comprised of items related to the achievement, status, and professional opportunities afforded to doctoral level professionals in both clinical and social psychology. These motivations are often embodied in the roles and activities

that are typical of each career and include the following items indicative of vocational aspirations: (1) the wish for prestige, (2) the wish for professional autonomy, (3) the wish for financial security, (4) the wish for variety in professional activities, (5) the wish to work with other professionals, and (6) the wish to be a teacher.

Vocational achievement was significantly more important for psychotherapists than for social psychologists, $F(1, 100) = 4.649$, $p < .05$. Although not statistically significant, more therapists (12.5%) than social psychologists (5.7%) referred to achievement as the primary motivation in their career choice. Therapists often referred to the wish for variety in professional activities or the wish for financial security. For example, one therapist stated,

> I wanted psychology -- viewed clinical as providing options for career choices. I moved from academia to therapy because of discrimination.

Another therapist referred to "the ability to do something interesting every day and provide well for myself and family at the same time." Social psychologists who referred to vocational achievement and opportunity typically referred to their interests in teaching or research.

Therapists may simply be more oriented toward achievement and success, or the professional activities of the therapist may be more accurately reflected in the types of achievement assessed in this study. While most social

psychologists are presumably engaged in research and teaching as primary professional activities, doctoral level therapists may have greater latitude in choosing professional activities. As a result, their reliance on the support of research institutions and universities may be less, and this could afford greater flexibility and opportunity in the pursuit of personal and financial achievement.

Personal Growth and Inquisitiveness. In contrast to the focus on others and on external signs of achievement in the previous factors, this factor refers to a personal desire for self-improvement, growth, and learning. The Personal Growth and Inquisitiveness factor includes the following motivations: (1) the wish to understand people, (2) the wish to learn about interpersonal relationships, (3) the wish to increase self-understanding, (4) the wish for close, interpersonal connection with clients or others, and (5) the wish for intellectual challenge. While all of these could be beneficial to the practice of therapy or to the work of a social psychologist, their primary benefits are intellectual and emotional growth.

Therapists and social psychologists did not differ on the Personal Growth and Inquisitiveness factor, but this is not to say that personal growth was unimportant to the respondents' choice of career. As noted previously,

personal growth was cited as the most important influence on career choice by significantly more social psychologists (50.9%) than therapists (30.4%). Many therapists referred to their interest in and desire to understand people. One therapist stated that his career choice had been motivated by a "strong interest in understanding the meaning and purpose of others' behavior." Others referred to personal satisfaction and intellectual challenge. "I found it both intellectually stimulating and challenging," responded one female therapist. Another therapist referred to intellectual ability, challenge, and the desire for a career in science:

> I have always been psychologically minded, read a lot of literature. Psychotherapy evolved out of a desire to be a scientist. Among the latter, Madame Curie was a hero when young.

Among social psychologists, intellectual curiosity and personal satisfaction were typically cited as primary motivators. For example, one social psychologist stated,

> Assuming that psychology is the "scientific" study of human behavior, social psychology seemed to be studying the aspects of behavior I found most interesting (e.g., beliefs, group behavior, prejudice, etc.).

Apparently, both psychotherapists and social psychologists seek careers that will satisfy their desires for personal growth and satisfaction. This supports the conclusions of other writers who have emphasized the mutually enhancing

aspects of psychotherapy for both client and therapist (Bugental, 1964; Guy, 1987; Marston, 1984).

Personal Problem Resolution. This motivational factor pertains to the selection of one's career out of the desire to compensate in some manner for personal problems. An individual choosing a career for these motives is, in effect, seeking therapeutic benefit from his or her work. This pursuit of therapeutic gain has the potential for interfering with effective work performance. These motivations may be particularly troubling for psychotherapists, who by the nature of their work, enter into intimate and influential relationships with their clients. Should their primary aim be one of personal gain, the goals of the therapy are subverted. The critical issue may not be so much the desire for personal therapeutic gain, but the degree of awareness and resolution of this desire within the individual. The following motivations comprise this factor: (1) the wish to resolve personal problems or distress, (2) the wish to learn more about emotional expressiveness, (3) the wish to be in a position of power, and (4) the wish to learn intimate aspects of people's lives.

It appears that many psychotherapists are drawn to their profession out of a desire for self-healing (Ford, 1963; Goldberg, 1986; Guy, 1987; Sussman, 1992). In the

current study, psychotherapists were more likely to enter their career to resolve personal problems than were social psychologists, $F(1, 100) = 5.899$, $p < .05$. On a more encouraging note, only one therapist and one social psychologist cited personal problem resolution as the most important influence on their choice of career. The therapist described her career choice as relating to "good/bad inner conflict" and as an "early attempt at self-resolution." The social psychologist referred to "a deep desire to figure myself out." While the motivation to resolve personal problems may not be the foremost influence in career choice, a substantial proportion of therapists appear to be drawn to their profession for curative reasons.

Influential Experiences

Experiences were subdivided into three factors: (1) experiences of personal problems, (2) troubled family experiences, and (3) experiences of strong, interpersonal alliances.

Experiences of Personal Problems. This factor refers to the individual's actual experience of personal problems. A history of personal problems may influence choice of career in several ways. The choice of a career, particularly in the helping professions, might represent an attempt at resolving painful developmental issues. For

therapists, this carries the risk of subsuming the aim of client growth to one of self-gratification and personal gain. A history of personal problems is not, per se, dysfunctional, but personal problems that are not resolved and integrated into one's personality may be obstacles to effective professional behavior.

Other writers (Elliott & Guy, 1993; Goldberg, 1986; Guy, 1987; Henry, 1966; Henry, Sims, & Spray, 1971) have referred to the concept of the "wounded healer" which suggests that personal experience of psychological distress or specific problems may result in special insight and understanding available only to those with such direct experience. According to this viewpoint, the experience of personal problems is transformed into an asset that can be helpful in dealing with individuals with similar problems. Once again, the crucial issue seems to be the extent of a person's awareness and resolution of personal problems. Included in this factor are items referring to: (1) the experience of problems or painful events, and (2) the following experiences during youth: (a) parental absence or loss, (b) an unhappy childhood, (c) abuse or neglect, (d) physical illness, (e) emotional problems, and (f) loneliness.

The incidence of personal problems was higher for therapists than for social psychologists, $\underline{F}(1, 100) = 7.662$, $\underline{p} < .01$. These findings are consistent with those of

Elliott & Guy (1993), who reported higher rates of childhood trauma among female mental health professionals than among professionals from outside the field of mental health.

For a small percentage of the respondents in each group, experiences of personal problems were the most salient influence on their choice of career. This was true for 5.4% of the therapists and 5.7% of the social psychologists. Although most of these respondents simply referred to a history of emotional problems or difficulty, one therapist's comments about what influenced her decision to become a psychotherapist poignantly embodied the concept of the wounded healer:

> I was influenced most by having polio as a child. I emerged more of a watcher than a doer, more reflective, introspective, and impassioned about helping children in distress, and more aware of the internal world and experiences of others.

Although rarely the most important influence on career choice, many psychotherapists seem to be drawn to their careers by histories of personal and emotional problems, as well as a desire to resolve those problems.

Troubled Family Experiences. As with personal problems, a troubled family background may influence a person's career choice. Growing up in a dysfunctional or troubled family often co-occurs with a personal history of emotional difficulty, but the two are not necessarily

equivalent. Even in youth, personal problems may develop outside of the family's influence. Conversely, psychological distress in the family may be mediated by constitutional factors and by the availability of alternative social supports. As with the previous factors, psychological disturbance in one's family of origin may influence career choice as individuals seek personal therapeutic gain, understanding, and insight through their professional work. The Troubled Family Experiences factor consisted of the following experiences during youth: (1) the experience of feeling emotionally responsible for or taking care of parents, (2) the experience of taking care of other family members in the household, (3) the experience of family conflict, (4) the experience of physical illness in one's family, (5) the experience of mental illness in one's family, and (6) the experience of substance abuse in one's family.

Psychotherapists' career choices were more likely to have been influenced by a history of distress in their families of origin than was the case for social psychologists, $F(1, 100) = 7.711$, $p < .01$. Only one therapist, however, indicated that troubled family experiences were primary in her decision to pursue the vocation of psychotherapy. She indicated that "early experiences of feeling needed and of being a competent source for my mother, as an achiever and a confidant" were

the most important influences on her decision to become a psychotherapist. In her response, this therapist highlighted the issue of premature responsibility that has been linked by other writers (Elliott & Guy, 1993; Fussell & Bonney, 1990; Guy, 1987; Racusin, Abramowitz, & Winter, 1981) to a career as a therapist. None of the social psychologists cited such experiences as primary influences on their choice of career. Once again, a history of psychological distress, this time in the family of origin, appears to exert considerable influence on therapists' vocational pursuits. Although rarely the primary force behind the decision to become a therapist, its importance and potential effects on practice warrant further investigation.

Experiences of Strong, Interpersonal Alliances. The decision to pursue a specific career or, at a more general level, the ability to pursue a demanding profession as a scholar or therapist may be influenced by a crucial or formative relationship with another person (Brown, 1991; Skovholt & Ronnestad, 1992). For many, the decision to pursue a particular vocation or course of study can be attributed to a positive experience of a relationship with a mentor. This factor includes the following experiences of interpersonal relationships: (1) of being a confidant to others during youth, (2) of a positive relationship with a

family member, (3) of a positive relationship with someone outside the family, (4) of being a psychotherapy client, (5) of a special teacher, and (6) of a role model in one's chosen profession.

These strong, interpersonal alliances can take a number of forms. The experience of being a confidant to others is reflective of both listening and empathic skills that contribute to a person's ability to form emotional bonds with others. In a general way, experiences of a positive relationship with another, either within or outside the family, may exert an influence on the decision to pursue an career as a therapist or social psychologist. Experiences as a psychotherapy client or with a special teacher often involve a crucial emotional connection that can have tremendous effects in many areas of life, including a person's choice of career. Finally, the importance of specific role models in a person's chosen profession cannot be overlooked. In contrast to the experiences of personal problems and a troubled family background which have a distinct potential for interfering with professional functioning, these interpersonal alliances represent the possibilities for personal inspiration and identification in the pursuit of a meaningful vocation.

Therapists and social psychologists did not differ along this dimension, yet 83.9% of the therapists and 86.8% of the therapists indicated that these alliances had exerted

at least some influence on their choice of career. For therapists, the most important experiences were those of being a confidant, a psychotherapy client, or having a special teacher. Given the prevalence of family disturbance, it is not surprising that positive alliances with family members received the least emphasis. For the social psychologists, the experience of a relationship with a special teacher was the most important influence, although positive relationships outside the family and role models in their chosen profession were also prominent.

The importance of significant alliances is also apparent in the respondents' indication of the most influential factor in their choice of career. For 17.9% of the therapists and 13.2% of the social psychologists, interpersonal alliances were central. One therapist cited her "positive experience as a psychotherapy client" as crucial. Another stated, "Others have always confided in me since I was a child." A third respondent indicated that the most important influence in her decision to become a psychotherapist had been "writing to and confiding in a cousin who was a therapist and who helped me during adolescence." Teachers were important for both groups, although they figured more prominently in the comments of social psychologists. One social psychologist referred to "a special teacher and mentor who modeled the life and work of a social psychologist." Another stated,

> The first college psych course I took, because I tested out of Intro Psych, was Social Psych. The professor was a great teacher, very innovative and encouraging. I decided then to specialize in social psych and become a teacher.

Summary of the Seven Factor Model

In contrast to social psychologists, psychotherapists reported more experiences of psychological distress, namely personal problems and troubled family backgrounds, as relevant to their choice of career, and they were more likely to have chosen their career in order to resolve personal problems. Therapists also indicated greater motivation for achievement and success in their vocation than did social psychologists. Both groups reported being influenced by altruistic motives and by a desire for personal growth and satisfaction, and both reported being influenced by positive, interpersonal relationships. These findings were equally valid for both men and women respondents in each group.

Effects on Professional Behavior

Subjects were asked to describe how their most important career influence had affected either their practice of psychotherapy or their work as a social psychologist. The majority of respondents described beneficial effects on their practice of therapy or on their

work as social psychologists. This finding corresponds with those of Skovholt & Ronnestad (1992), who noted that many therapists found benefits of personal distress in terms of learning and insight. Regardless of specific influences, subjects from both groups indicated that their most influential factor had been moderately helpful. The mean for the 50 therapists completing this item was 5.28; the mean for the 42 social psychologists who responded was 5.02.

Those Influenced by Professional Altruism

Therapists who were most influenced by altruistic motives indicated that the primary effects had been in the areas of their therapeutic efficacy, theoretical orientation, and choice of professional activities. One therapist stated,

> This has led to an approach that emphasizes behavioral and cognitive change, an active role for the therapist, and a feeling of responsibility to facilitate changes in my patients. Also, I took a job that has varied roles/responsibilities.

In addition, therapists reported being guided by their altruistic motivations to work with underserved populations. One therapist emphasized "treating seriously disturbed, seriously mentally ill" clients in his practice. Despite this largely positive outlook, one therapist reported that she had been "disillusioned" in her desire to create social change and had to "modify her expectations".

Social psychologists who reported altruistic motives as central to their choice of a career tended to engage in applied research, perhaps in order to realize a goal of helping others. One social psychologist described a service oriented career: "I have spent my career directing programs (i.e. economic, social, and community development) working with American Indians." Another described disappointment in his altruistic goals, stating that the importance of social psychology as a profession "has diminished as the theoretical shallowness of the field became obvious and as I integrated more basic areas (physiology, cognition, learning) into my theoretical models." It seems that for both groups, altruistic motives are primarily beneficial and result in the pursuit of professional activities directed at improving the lives of others. Perhaps it is the nature of altruism that the risk of disappointment is often close at hand.

Those Influenced by Vocational Achievement

Vocational achievement and opportunity motivations were more influential for therapists than for social psychologists. Therapists usually referred to enhanced personal satisfaction or success in their profession. Said one therapist, "I am enjoying the fulfillment of my work." In the words of another therapist, "I still need money, and I still think that I can do the job pretty well." The

desire for professional achievement among social psychologists was commonly reflected in their choice of research topics or in the decision to engage in a variety of professional endeavors, such as teaching, research, and consulting to business.

For the most part, motivations for vocational achievement led to positive work outcomes for the respondents in this study. Two respondents, one therapist and one social psychologist, were unable to realize their aspirations and reported leaving their original professions and pursuing administrative and business oriented careers in order to realize their original goals of vocational success.

Those Influenced by Personal Growth

The desire for personal growth was the most influential factor in the career decisions of both groups. For therapists, these wishes for learning and understanding were manifested in enhanced skill and commitment in practicing therapy. One therapist stated, "It has caused me to continue to explore new ideas, types of therapy, and types of clients." In referring to his interest human behavior, another therapist commented, "I think my curiosity is genuine and maintaining it keeps me open to others' experience. I am less judgmental, and I move more slowly to interpretation."

Social psychologists cited a variety of effects resulting from motivations for personal growth. Most referred to their sense of commitment and enthusiasm for their work as researchers and teachers. One social psychologist described his intellectual interests and experience with a mentor with the following words:

> I have continued to have unusually broad interests and have been able to pursue them in diverse kinds of social psychological research. I have become a mentor and role model. I have put more care into writing than most of my colleagues..."

For another, her exposure to creative theorists led to a deep commitment to her own work.

> In my academic career, I continue to develop academic programs with the goal of teaching students the practice and passion for social psychology to address personal, interpersonal, and social concerns.

For both therapists and social psychologists, personal growth seems to be an essential aspect of a successful career, where productivity and personal satisfaction are inextricably linked.

Those Influenced by a History of Distress

Few respondents indicated that a history of psychological distress, either personal or in the family of origin, had been a major determinant of career selection; Nor were attempts at the resolution of personal problems

central to career decisions. For some, however, these issues were important.

Despite the obvious potential for factors related to a history of distress or a desire for problem resolution to interfere with carrying out professional responsibilities, most reported that they had been helpful to their careers. A therapist whose primary motivation in choosing her career was the resolution of personal problems described how this desire had resulted in her becoming a more effective therapist.

> In my own therapy, I learned expressive feeling techniques which I actively use in my practice with character disordered patients. I do well in dealing with anger in patients.

Only one social psychologist referred to the motivation for personal problem resolution as a primary influence on career choice.

Three respondents in each group cited the experience of personal problems as the primary influence on career choice. For these individuals career choice was based on a history of personal pain, yet most respondents emphasized the benefits of their personal problems. One therapist stated, "It forged the person I am today." Another therapist responded, "My own intrapsychic process is the basis and guide for how I live and work." For one social psychologist, his experiences with racism led to greater concern for equality of opportunity in the workplace.

> Much of my work is centered on management consulting; however, I do bring a level of sensitivity, emanating from growing up black in the sixties, to diversity and personnel selection issues.

Troubled family experiences were not central to the career choices of either group. Only one therapist indicated that problems in his family of origin had been crucial to his career choice. His experiences of being a confidant resulted in his "learning to be a good and interested listener." No social psychologists reported troubled family experiences as the critical factor in their career choices.

Thus, for a number of professionals, experiences of psychological distress were crucial determinants of their decisions to become either psychotherapists or social psychologists. These experiences may have sensitized them to the difficulties of others, and in their view, the experiences helped them to be more successful in their professional endeavors.

Those Influenced by Interpersonal Alliances

For both groups, strong, interpersonal alliances resulted in greater effectiveness as a professional and deeper commitment to one's chosen career. One psychotherapist stated, "The positive experience I had in therapy has made me a better and more understanding therapist." For another therapist, the experience of being

a confidant to others led to "the belief that others often need someone to listen to them." For a social psychologist the inspiration of a mentor was apparent "in the diversity of methods I employ in my work as a scientist and in the care and conscientiousness with which I carry out my work." For another, a special teacher provided "continuing inspirations and reminders of why I went into social psychology and why I love it so much." This recognition of the potentially profound effects of specific relationships balances the emphasis in previous work on the more troublesome experiences leading to a career as a therapist.

Coping with Problems

In the final section of the questionnaire, subjects were asked to indicate which coping strategies they used to deal with problematic or troubling career influences. Subjects were queried about the following coping strategies: (1) personal therapy, (2) working through on my own, (3) talking to significant others, (4) clinical supervision (therapists only), (5) peer consultation (social psychologists only), (6) professional development, (7) changes in professional activities, (8) self-help groups, and (9) the decision not to take any action. Results were compared using t-tests. Due to the number of contrasts, the Bonferroni procedure for post hoc contrasts was used to

maintain an error family rate of .05, resulting in a critical significance level of $p < .007$.

Therapists appear to rely more on interpersonal relationships, particularly psychotherapy, and on learning experiences (e.g., professional development and continuing education) to resolve troubling experiences and motivations that might cause problems in their careers. Therapists utilized and benefitted from personal therapy more than their social psychologist counterparts in coping with difficult issues relating to their choice of career, $t(92) = 4.70$, $p < .001$. Therapists also turned more to professional development and continuing education to resolve troubling career issues, $t(92) = 3.89$, $p < .001$.

It was not possible to compare therapists' use of clinical supervision since the social psychologists' references to peer consultation at best roughly approximate the experience of supervision. Comparisons for the remaining variables were not significant.

Gender Differences

The possibility that men and women psychotherapists might differ in motivations and experiences related to their career choices has received scant attention in the research literature. In the only large scale investigation of therapists' career choices, Elliott & Guy (1993) sampled only women. Other researchers (Fussell & Bonney, 1990;

Racusin, Abramowitz, & Winter, 1981; Sussman, 1992) included men and women in their samples, but did not address the issue of gender differences in career choice.

With two exceptions, the differences in the career choices of therapists and social psychologists in the present study held true, irrespective of gender. The professional altruism and interpersonal alliance factors were similar in importance for both therapists and social psychologists, but closer examination revealed gender differences within the professions. Male therapists were motivated more by professional altruism than were than male social psychologists, $\underline{t}(53) = 2.53$, $\underline{p} < .05$. Strong interpersonal alliances were particularly important for female social psychologists when compared to female therapists, $\underline{t}(48) = -2.49$, $\underline{p} < .05$.

With the exception of personal therapy, men and women in both groups relied on similar strategies for coping with problematic career influences. Consistent with general patterns of psychotherapy utilization by men and women, women in this study were more likely than men to have relied on and benefitted from personal therapy in coping with problematic career influences, $\underline{t}(82) = -3.15$, $\underline{p} < .005$.

The current understanding of therapists' career choices as influenced by a history of psychological distress and a desire for resolution of personal problems appears equally valid for both men and women. The differences among male

and female therapists are slight and may reflect ways in which differences between gender roles and professional behavior are resolved.

CHAPTER 4

CONCLUSIONS

The career choices of psychotherapists differ from those of social psychologists along several dimensions. Psychotherapists report a higher incidence of personal problems during childhood and a higher incidence of disturbances in their families of origin, and acknowledge that their experiences of personal and familial distress influence their choice of career. Therapists recognize that their choice of career is at times motivated by a desire for self-healing and resolution of personal problems. Beyond the realm of psychological distress and self-healing, therapists place greater emphasis than social psychologists on achievement and success in their profession. Social psychologists and therapists do not differ in levels of altruism, or in the pursuit of personal growth and satisfaction through their careers, or in their experiences of strong, interpersonal alliances.

In line with the concept of the "wounded healer" (Elliott & Guy, 1993; Goldberg, 1986; Guy, 1987; Henry, 1966; Henry, Sims, & Spray, 1971), a history of psychological distress and familial disturbance results in particular sensitivity, insight, and empathic ability on the part of the therapist, leading to enhancement of therapeutic skill. Clearly, therapists more than other professionals

(Elliott & Guy, 1993; Fussell & Bonney, 1990) come to their careers with a history of emotional pain and psychological distress that they seek to resolve by practicing therapy. Many have been in positions of caring for family members and have felt a sense of premature responsibility in their dealings with others. As children, many therapists experienced feelings of loneliness and emotional distress, growing up in families often marked by parental absence or emotional conflict. It is not clear to what extent this troublesome past leads to becoming a skillful and compassionate psychotherapist or an impaired practitioner whose motives for personal healing interfere with client change and growth.

The strongest influences for psychotherapists are motivations for personal growth, professional altruism, and vocational achievement, in addition to experiences of strong, interpersonal alliances. Therapists rarely cite desires for problem resolution or experiences of personal or familial distress as the most important influences on their career choices. Therapists who are strongly influenced by psychological distress and a wish for resolution of personal problems believe that these painful incidents sensitize them to the distress of others. The few who are affected by troubling career influences are usually aware of the potential for difficulty in their work and make efforts to ensure that their clients are not adversely affected.

On a promising note, therapists are likely to turn to personal psychotherapy, professional development, or other supportive relationships, including clinical supervision, in their attempts to cope with troublesome influences relating to career choice. Although a troubled background is rarely the primary motivation for becoming a therapist, it is important to remember that career choice is determined by many factors. A troubled background may exert powerful effects without superseding the influence of other variables, such as personal growth, altruism, achievement, or interpersonal alliances.

In summary psychotherapists have more personal problems, particularly during childhood, and disturbances in their families of origin than social psychologists. They are more likely to have chosen their profession in order to resolve personal problems and to achieve vocational success. While these experiences and motivations may place therapists at risk for professional impairment, for many the experiences are transformed into enhanced therapeutic skill and understanding.

Limitations

Two types of limitations are relevant to this study. The first involves the conceptual clarity of the questionnaire; the second involves methodological limitations.

Conceptual Limitations

At a conceptual level, there were three instances where ambiguity in the questionnaire could have effected the subjects' responses. Motivations and experiences influencing career choice were assessed with two scales: One requested a yes/no response; the other requested a rating of the item on a Likert-type scale. The dichotomous scale was a late addition to the instrument in an effort to reduce the time demands of the questionnaire. This addition may have inadvertently obscured the fact that the questionnaire referred only to motivations and experiences judged relevant to career choice, and not to general desires and experiences. The presence of two scales might have allowed for contradictory responding on an item. Fortunately, few such contradictions were apparent; no subject consistently contradicted his or her responses. Given the strength of the results and the consistency of the data, concerns about conceptual clarity do not appear to have been a confounding factor.

Similarly, the open-ended questions referred only to the most important influence on career choice and its subsequent effects on professional functioning. These items do not thoroughly assess the relationship between career choice and professional behavior. Therefore, conclusions about professional behavior should be made cautiously and

viewed as tentative forays into a previously unexplored topic rather than firm conclusions about these issues.

The final question, which assessed strategies of coping with problematic career influences, led to confusion for some of the respondents. The item was not completed by five of 56 therapists and ten of 53 social psychologists. It is not clear if the respondents were referring to their use of these coping strategies in general or in reference to specific, troublesome influences on career choice.

Methodological Limitations

The methodological limitations inherent in survey research must be noted. This study represented an advance over previous research with its larger sample size, assessment of gender effects, and use of a comparison group. Nonetheless, the response rate of 43.6% indicates that more than half of those sampled did not participate. While an acceptable return rate for unsolicited survey research, other potential respondents may have opted not to participate due to the personal nature of the questionnaire or due to its length. Possible issues of clarity, and in the case of the social psychologists, a word-processing error, may have also resulted in selection bias.

Although an ever-present possibility, self-report bias does not appear to have influenced the results. The willingness of respondents to acknowledge histories of

personal and family distress and motivations to resolve personal problems through their choice of career suggests that social desirability was not a factor in responding. Many respondents cited positive motivations and experiences related to altruism, personal growth, and interpersonal alliances, suggesting that there was no tendency to pathologize their retrospective accounts of career choice.

Despite pilot-testing and revisions to the questionnaire, issues of clarity and limitations due to survey methodology could not be eliminated entirely. The results, however, are consistent with other studies, and the study achieved its purpose of providing a stronger empirical basis for a rich theoretical literature.

Future Directions

A hallmark of any research is the formulation of new questions. Certainly this study could lead to a number of intriguing projects. It is becoming increasingly evident that a substantial number of therapists enter this profession with a history of personal and familial distress and a desire to resolve personal problems through their practice of therapy. What remains unclear is the precise relationship between the determinants of career choice and effectiveness as a therapist. Does the concept of the "wounded healer" hold true and lead to greater insight and understanding of clients? Or does a history of distress

lead to impaired practice where the therapist subjugates the therapy to his or her own needs for therapeutic gain? While this study suggests that personal pain and difficulty can indeed enhance one's therapeutic skill, the conclusion remains tentative. The link between specific experiences and motivations and subsequent professional behavior deserves further attention.

Most researchers in this area have relied on samples of one group of mental health professionals, in this case doctoral-level (Ph.D.) psychologists. Other researchers have included only male or female therapists, and few have used a comparison group. While each study has contributed to understanding the process of becoming a therapist, a comprehensive study that includes a variety of mental health professionals of both genders, as well as relevant comparison groups would further advance this line of research.

Finally, we are left with the knowledge that many individuals come to the profession of psychotherapy with a troubled background. The question arises about how training programs should deal with these personal issues in a way that maximizes the quality of training and preserves the integrity of the individual trainees. Technical and empirical approaches to manualized teaching of psychotherapy often downplay the personality of the therapist, and traditional modes of teaching, such as clinical supervision

and personal therapy for trainees, receive scant research attention (Halgin & Murphy, in press). Obviously, further thought and investigation is needed to understand how training programs can best respond to students with a variety of motivations for becoming psychotherapists.

APPENDICES

APPENDIX A

PSYCHOTHERAPIST COVER LETTER

January 11, 1992

XXXXX X XXXXXX, Ph.D.
XXX XXXX XXXX
XXXXXXXXXX, XX XXXXX

Dear Dr. XXXXXX:

We are currently conducting a study of the reasons people have for becoming psychotherapists and how those reasons might affect the therapy which they provide. We would appreciate your helping us with this research by filling out the enclosed questionnaire. Completing this questionnaire should take a small amount of time. Your thoughtful and frank responses about your own process of becoming a psychotherapist and practicing psychotherapy will be most helpful.

All of your responses will remain completely anonymous and confidential. In order to ensure utmost confidentiality, please do not put your name on the questionnaire. If you would like to receive written feedback about the results of this study, please write your name and address on the enclosed mailing label and return it with your questionnaire. The mailing label will be separated from your responses to the questionnaire, or if you prefer, you may return the mailing label separately. It would be most helpful if you could return this questionnaire to us in the enclosed postage-paid envelope by Friday, January 29. Once again, we appreciate your help with our research.

Sincerely,

Robert A. Murphy
Doctoral Candidate in Clinical Psychology

Richard P. Halgin, Ph.D.
Professor of Psychology

APPENDIX B

PSYCHOTHERAPIST QUESTIONNAIRE

INFLUENCES ON BECOMING A THERAPIST

Gender: M F Theoretical Orientation: Years Since Ph.D.:

INSTRUCTIONS: The decision to become a psychotherapist is a complex one that is influenced by many factors. These influences may be particular events, people, emotional needs, family roles, or experiences. Some of these influences are listed below. Thinking about what motivated you to become a psychotherapist, please indicate the factors that affected your decision By circling Y for yes, and then rate how important you think those factors were. Please add any influences that you think were important but do not appear on the scale.

KEY: Y/N = Yes, this factor influenced my decision/ No, this factor did not influence my decision to become a psychotherapist.
7 = Strongly agree that it influenced me in becoming a psychotherapist.
6 = Moderately agree that it influenced me in becoming a psychotherapist.
5 = Slightly agree that it influenced me in becoming a psychotherapist.
4 = Neutral.
3 = Slightly disagree that it influenced me in becoming a psychotherapist.
2 = Moderately disagree that it influenced me in becoming a psychotherapist.
1 = Strongly disagree that it influenced me in becoming a psychotherapist.

I. MOTIVATIONS:	Strongly Agree	Moderately Agree	Slightly Agree	Neutral	Slightly Disagree	Moderately Disagree	Strongly Disagree
1. Y/N the wish to help people	7	6	5	4	3	2	1
2. Y/N the wish to promote growth and change in others	7	6	5	4	3	2	1
3. Y/N the wish to understand people	7	6	5	4	3	2	1
4. Y/N the wish to learn about interpersonal relationships	7	6	5	4	3	2	1
5. Y/N the wish to help society	7	6	5	4	3	2	1
6. Y/N the wish for prestige	7	6	5	4	3	2	1
7. Y/N the wish for professional autonomy	7	6	5	4	3	2	1
8. Y/N the wish for financial security	7	6	5	4	3	2	1
9. Y/N the wish for variety in professional activities	7	6	5	4	3	2	1
10. Y/N the wish to increase self-understanding	7	6	5	4	3	2	1
11. Y/N the wish to work with other professionals	7	6	5	4	3	2	1
12. Y/N the wish for close, interpersonal connection with clients	7	6	5	4	3	2	1

(over)

	Strongly Agree	Moderately Agree	Slightly Agree	Neutral	Slightly Disagree	Moderately Disagree	Strongly Disagree
13.Y/N the wish to resolve personal distress or problems	7	6	5	4	3	2	1
14.Y/N the wish to learn more about emotional expressiveness	7	6	5	4	3	2	1
15.Y/N the wish to be in a position of power	7	6	5	4	3	2	1
16.Y/N the wish to learn intimate aspects of people's lives	7	6	5	4	3	2	1
17.Y/N the wish for intellectual challenge	7	6	5	4	3	2	1
18.Y/N the wish to be a teacher	7	6	5	4	3	2	1
19.Y/N other:_____ _____	7	6	5	4	3	2	1
II. EXPERIENCES:							
20.Y/N the experience of problems or painful events	7	6	5	4	3	2	1
21.Y/N the experience of parental absence or loss during youth (e.g. illness, divorce, separation, death)	7	6	5	4	3	2	1
22.Y/N the experience of feeling emotionally responsible for or taking care of parents during youth	7	6	5	4	3	2	1
23.Y/N the experience of taking care of other family members in the household during youth	7	6	5	4	3	2	1
24.Y/N the experience of having an unhappy childhood	7	6	5	4	3	2	1
25.Y/N the experience of family conflict during youth	7	6	5	4	3	2	1
26.Y/N the experience of being abused, neglected, or hurt during youth	7	6	5	4	3	2	1
27.Y/N the experience of physical illness during youth	7	6	5	4	3	2	1

	Strongly Agree	Moderately Agree	Slightly Agree	Neutral	Slightly Disagree	Moderately Disagree	Strongly Disagree
28.Y/N the experience of emotional problems during youth	7	6	5	4	3	2	1
29.Y/N the experience of physical illness in one's family during youth	7	6	5	4	3	2	1
30.Y/N the experience of mental illness in one's family during youth	7	6	5	4	3	2	1
31.Y/N the experience of substance abuse in one's family during youth	7	6	5	4	3	2	1
32.Y/N the experience of being a confidant to others during youth	7	6	5	4	3	2	1
33.Y/N the experience of being a lonely child	7	6	5	4	3	2	1
34.Y/N the experience of a positive relationship with a family member	7	6	5	4	3	2	1
35.Y/N the experience of a positive relationship with a person outside the family	7	6	5	4	3	2	1
36.Y/N the experience of being a psychotherapy client	7	6	5	4	3	2	1
37.Y/N the experience of a special teacher	7	6	5	4	3	2	1
38.Y/N the experience of a family member or other role model in your chosen profession	7	6	5	4	3	2	1
39.Y/N other:_____ _____	7	6	5	4	3	2	1

III. **THE PRACTICE OF PSYCHOTHERAPY:**

1. What factor was most influential in your decision to become a psychotherapist? Please comment briefly.

2. a) How has the factor that you described in question one influenced your practice of psychotherapy?

(over)

b) Please indicate how helpful or problematic this factor has been to your practice of psychotherapy.

Very Helpful	Moderately Helpful	Slightly Helpful	Slightly Problematic	Moderately Problematic	Very Problematic
6	5	4	3	2	1

c) Additional Comments:

3. What action have you taken to minimize the potential impact of problematic influences? Please respond according to the following format:

No = I have not used this method.
Yes = I have used this method. If your response is "yes", please rate the effectiveness of the method as follows:

3 = very helpful
2 = moderately helpful
1 = slightly helpful
0 = not helpful

				Very Helpful	Moderately Helpful	Slightly Helpful	Not Helpful
a.	personal therapy	No	Yes	3	2	1	0
b.	working through on my own	No	Yes	3	2	1	0
c.	talking to significant others	No	Yes	3	2	1	0
d.	clinical supervision	No	Yes	3	2	1	0
e.	professional development, continuing education	No	Yes	3	2	1	0
f.	changes in professional activities	No	Yes	3	2	1	0
g.	self-help group	No	Yes	3	2	1	0
h.	other:_____ _____	No	Yes	3	2	1	0
i.	no action taken	No	Yes				

Additional comments:

APPENDIX C

SOCIAL PSYCHOLOGIST COVER LETTER

January 11, 1992

XXXXX X XXXXXX, Ph.D.
XXX XXXX XXXX
XXXXXXXXXX, XX XXXXX

Dear Dr. XXXXXX:

We are currently conducting a study of the reasons people have for becoming social psychologists and how those reasons might affect their work as psychologists. We would appreciate your helping us with this research by filling out the enclosed questionnaire. Completing this questionnaire should take a small amount of time. Your thoughtful and frank responses about your own process of becoming a social psychologist and working as a professional in this field will be most helpful.

All of your responses will remain completely anonymous and confidential. In order to ensure utmost confidentiality, please do not put your name on the questionnaire. If you would like to receive written feedback about the results of this study, please write your name and address on the enclosed mailing label and return it with your questionnaire. The mailing label will be separated from your responses to the questionnaire, or if you prefer, you may return the mailing label separately. It would be most helpful if you could return this questionnaire to us in the enclosed postage paid-envelope by Friday, January 29. Once again, we appreciate your help with our research.

Sincerely,

Robert A. Murphy
Doctoral Candidate in Clinical Psychology

Richard P. Halgin, Ph.D.
Professor of Psychology

APPENDIX D

SOCIAL PSYCHOLOGIST QUESTIONNAIRE

INFLUENCES ON BECOMING A SOCIAL PSYCHOLOGIST

Gender: M F Research Specialty: Years Since Ph.D.:

INSTRUCTIONS: The decision to become a psychologist is a complex one that is influenced by many factors. These influences may be particular events, people, emotional needs, family roles, or experiences. Some of these influences are listed below. Thinking about what motivated you to become a social psychologist, please indicate the factors that affected your decision by circling Y for yes, and then rate how important you think those factors were. Please add any influences that you think were important but do not appear on the scale.

KEY: Y/N = Yes, this factor influenced my decision/ No, this factor did not influence my decision to become a social psychologist.
7 = Strongly agree that it influenced me in becoming a psychologist.
6 = Moderately agree that it influenced me in becoming a psychologist.
5 = Slightly agree that it influenced me in becoming a psychologist.
4 = Neutral.
3 = Slightly disagree that it influenced me in becoming a psychologist.
2 = Moderately disagree that it influenced me in becoming a psychologist.
1 = Strongly disagree that it influenced me in becoming a psychologist.

I. MOTIVATIONS:	Strongly Agree	Moderately Agree	Slightly Agree	Neutral	Slightly Disagree	Moderately Disagree	Strongly Disagree
1. Y/N the wish to help people	7	6	5	4	3	2	1
2. Y/N the wish to promote growth and change in others	7	6	5	4	3	2	1
3. Y/N the wish to understand people	7	6	5	4	3	2	1
4. Y/N the wish to learn about interpersonal relationships	7	6	5	4	3	2	1
5. Y/N the wish to help society	7	6	5	4	3	2	1
6. Y/N the wish for prestige	7	6	5	4	3	2	1
7. Y/N the wish for professional autonomy	7	6	5	4	3	2	1
8. Y/N the wish for financial security	7	6	5	4	3	2	1
9. Y/N the wish for variety in professional activities	7	6	5	4	3	2	1
10. Y/N the wish to increase self-understanding	7	6	5	4	3	2	1
11. Y/N the wish to work with other professionals	7	6	5	4	3	2	1
12. Y/N the wish for close, interpersonal connection with others	7	6	5	4	3	2	1

(over)

	Strongly Agree	Moderately Agree	Slightly Agree	Neutral	Slightly Disagree	Moderately Disagree	Strongly Disagree
13.Y/N the wish to resolve personal distress or problems	7	6	5	4	3	2	1
14.Y/N the wish to learn more about emotional expressiveness	7	6	5	4	3	2	1
15.Y/N the wish to be in a position of power	7	6	5	4	3	2	1
16.Y/N the wish to learn intimate aspects of people's lives	7	6	5	4	3	2	1
17.Y/N the wish for intellectual challenge	7	6	5	4	3	2	1
18.Y/N the wish to be a teacher	7	6	5	4	3	2	1
19.Y/N other:_____ _____	7	6	5	4	3	2	1
II. EXPERIENCES:							
20.Y/N the experience of problems or painful events	7	6	5	4	3	2	1
21.Y/N the experience of parental absence or loss during youth (e.g. illness, divorce, separation, death)	7	6	5	4	3	2	1
22.Y/N the experience of feeling emotionally responsible for or taking care of parents during youth	7	6	5	4	3	2	1
23.Y/N the experience of taking care of other family members in the household during youth	7	6	5	4	3	2	1
24.Y/N the experience of having an unhappy childhood	7	6	5	4	3	2	1
25.Y/N the experience of family conflict during youth	7	6	5	4	3	2	1
26.Y/N the experience of being abused, neglected, or hurt during youth	7	6	5	4	3	2	1
27.Y/N the experience of physical illness during youth	7	6	5	4	3	2	1

	Strongly Agree	Moderately Agree	Slightly Agree	Neutral	Slightly Disagree	Moderately Disagree	Strongly Disagree
28.Y/N the experience of emotional problems during youth	7	6	5	4	3	2	1
29.Y/N the experience of physical illness in one's family during youth	7	6	5	4	3	2	1
30.Y/N the experience of mental illness in one's family during youth	7	6	5	4	3	2	1
31.Y/N the experience of substance abuse in one's family during youth	7	6	5	4	3	2	1
32.Y/N the experience of being a confidant to others during youth	7	6	5	4	3	2	1
33.Y/N the experience of being a lonely child	7	6	5	4	3	2	1
34.Y/N the experience of a positive relationship with a family member	7	6	5	4	3	2	1
35.Y/N the experience of a positive relationship with a person outside the family	7	6	5	4	3	2	1
36.Y/N the experience of being a psychotherapy client	7	6	5	4	3	2	1
37.Y/N the experience of a special teacher	7	6	5	4	3	2	1
38.Y/N the experience of a family member or other role model in your chosen profession	7	6	5	4	3	2	1
39.Y/N other:_____ _____	7	6	5	4	3	2	1

III. **THE PRACTICE OF PSYCHOTHERAPY:** (typographical error)

1. What factor was most influential in your decision to become a social psychologist? Please comment briefly.

2. a) How has the factor that you described in question one influenced your work as a social psychologist?

(over)

b) Please indicate how helpful or problematic this factor has been to your work as a social psychologist.

Very Helpful	Moderately Helpful	Slightly Helpful	Slightly Problematic	Moderately Problematic	Very Problematic
6	5	4	3	2	1

c) Additional Comments:

3. What action have you taken to minimize the potential impact of problematic influences? Please respond according to the following format:

No = I have not used this method.
Yes = I have used this method. If your response is "yes", please rate the effectiveness of the method as follows:

3 = very helpful
2 = moderately helpful
1 = slightly helpful
0 = not helpful

				Very Helpful	Moderately Helpful	Slightly Helpful	Not Helpful
a.	personal therapy	No	Yes	3	2	1	0
b.	working through on my own	No	Yes	3	2	1	0
c.	talking to significant others	No	Yes	3	2	1	0
d.	peer consultation	No	Yes	3	2	1	0
e.	professional development, continuing education	No	Yes	3	2	1	0
f.	changes in professional activities	No	Yes	3	2	1	0
g.	self-help group	No	Yes	3	2	1	0
h..	other:_____ _____	No	Yes	3	2	1	0
i.	no action taken	No	Yes				

Additional comments:

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